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REF#
Related

Please TYPE or PRINT CLEARLY in ink. Use additional paper if necessary.

Are you also applying for Disabled Veteran Business Enterprise (DVBE) certification? ☐ YES ☐ NO If "yes", download the DVBE Certification Application from our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call (800) 559-5529. Complete this entire Small Business Certification Application and ONLY Sections 1A, 3, 4, and 5 of the DVBE Certification Application. Submit both this and the DVBE application as one combined package.

1. GENERAL BUSINESS INFORMATION

A. Business Name <i>(Name used when bidding on state contracts)</i>		B. Also Known As (AKA) Name <i>(If applicable)</i>	
C. Mailing Address <i>(Street Address or P.O. Box)</i>		City	State Zip Code
D. Physical Location of Principal Office <i>(Street Address - Do not enter P.O. Box)</i>		City	State Zip Code

Pursuant to the Federal Privacy Act (P.L. 93-579) of 1974 and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798 *et seq.*), notice is hereby given for the request of personal information by this application. The requested personal information is mandatory. The principal purpose of this mandatory information is to determine eligibility for Small Business Certification. Failure to provide all or any part of the requested information may delay processing of this application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the appropriate IPA Officer in the Department of General Services, Office of Small Business and DVBE Certification.

E. Federal Employer ID Number (FEIN)		F. Social Security Number		G. Phone Number (        )		H. FAX Number (        )	
I. E-Mail Address		J. Internet Homepage Address		K. Date Business Started		L. Business Fiscal Year (MM/DD TO MM/DD) TO	
M. Is your firm a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Contractor's License Number <b>CONSTRUCTION FIRMS ONLY</b>	O. Business Type <i>(Check all that apply)</i>		<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Non-Manufacturer	<input type="checkbox"/> Manufacturer

2. OWNERSHIP AND DOMICILE INFORMATION

A. Ownership Type <i>(Check one)</i>		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Joint Venture
B. If your ownership type changed within the last three (3) years, enter your most previous ownership type.			Enter the change effective date.	

C. Enter ALL individuals and/or entities who hold an ownership and/or controlling interest in your firm.

IF YOUR OWNERSHIP TYPE IS:		*USE THE FOLLOWING OWNERSHIP TITLE(S):	**CORPORATIONS			
Sole Proprietorship		Owner	Enter ALL corporate Officers, Board Directors, and Shareholders, including Officers and Directors who do not own stock in the business. You must specifically identify your President, Vice President, Secretary, and Treasurer/CFO. If you do not have a Vice President, enter "no VP" only for the VP position. You must list all other officers. List ALL titles for individuals/entities holding multiple titles.			
Partnership or Limited Liability Partnership		Partner				
Limited Liability Company		Member and/or Manager				
Joint Venture		Co-Venturer				
Corporations		See **CORPORATIONS				
Individual/Entity's Name	*Ownership Title(s) <i>(Do not leave blank)</i>	Ownership % <i>(Must total 100%)</i>	Home Address <i>(Required)</i> <i>(Street Address – Do not enter P.O. Box)</i>	City	State	Zip Code

3. MANUFACTURERS ONLY

Manufacturer applicants must meet both of the following criteria:

- Be primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products, **and**
- Classified between codes 2000 to 3999, inclusive, of the Standard Industrial Classification (SIC) Manual published by the U.S. Office of Management and Budget, 1987 edition.

Enter your 4-digit SIC code and SIC code description in the space below. For a complete list of SIC codes, visit our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call our office at (800) 559-5529.

4-Digit SIC Code	SIC Code Description	4-Digit SIC Code	SIC Code Description

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Status		From	To	CO	Date
<input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Non-Manufacturer <input type="checkbox"/> Manufacturer		Receipts 1 \$			Ee's
Receipts 2 \$		Ee's	CO/Date	Receipts 3 \$	Ee's CO/Date

BUSINESS CLASSIFICATION FOR MARKETING ASSISTANCE

Unless you are a manufacturer, classification under a specific business type and/or within a specific industry is not a certification requirement. However, to help potential business partners and contracting officials find your firm in our Internet Certified Firm Listing, include your business specialties in your small business certification profile. Enter your 4-digit Standard Industrial Classification (SIC) Code and corresponding SIC code description in the space(s) below. For a complete list of SIC codes, visit our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call our office at (800) 559-5529. You may detach and mail this portion later to: Office of Small Business and DVBE Certification, P.O. Box 989052, West Sacramento, CA 95798-9052

If you are a construction firm, you do not have to list any classification codes. Construction firms are automatically classified by their current license classification codes that are on file with the Contractors State License Board (CSLB). We verify your contractor's license status directly with the CSLB, and only list the classification codes that are valid at the time of certification.

Business Name		Address		City	State	Zip Code
4-Digit SIC Code	SIC Code Description	4-Digit SIC Code	SIC Code Description			

4. EMPLOYEE INFORMATION

Does your firm have employees whose taxable wages are reported to the California Employment Development Department on a quarterly basis? ☐ Yes ☐ No

5. AFFILIATE INFORMATION

For certification purposes, "affiliation" is a relationship of direct or indirect control, or shared interest(s) between the applicant and another business. If, within the last three tax years, the applicant had any affiliations with any other business(es), list the affiliated business(es) below.

Affiliate Name And Address					Ownership Title or Relationship with Affiliate	Affiliate Ownership %	Affiliation Date		Employee(s)?	
							Start	End	Yes	No
1	Name									
	Address		City	State						
2	Name									
	Address		City	State						
3	Name									
	Address		City	State						

6. AGENTS/BROKERS

A business that operates as an "agent" is considered by state regulation as not being independently owned and operated and, therefore, does not meet the state's small business definition. In the circumstances below, businesses will be presumed as being an "agent" unless the applicant can provide clear and convincing evidence regarding the independent nature of the business and that an agency relationship does not exist.

- Parties who undertake or are authorized to transact business, or manage or control some affair on behalf of a principal.
- Parties representing or acting on behalf of another under the contractual relationship of agency.
- Persons employed for the sale of goods or services, such as brokers, commission agents, etc.

SERVICE AND NON-MANUFACTURER APPLICANTS ONLY

A. Identify your firm's responsibility level in fulfilling a contract/order. ☐ 100% ☐ More than 50% ☐ Less than 50%

If your firm has less than "100%" responsibility in fulfilling a contract/order, explain which other firm or individual has or shares responsibility and why.

B. Are you a goods or service representative for an exclusive entity? ☐ Yes ☐ No If "Yes", with whom and why? 

(Attach additional sheet if necessary)

NON-MANUFACTURER APPLICANTS ONLY

C. Does your gross annual receipts include commission income? ☐ Yes ☐ No If "Yes", what percentage of your annual receipts is commission?

D. Do you purchase all goods prior to selling them to the customer? ☐ Yes ☐ No If "No", explain why. 

(Attach additional sheet if necessary)

7. REQUIRED SUPPORT DOCUMENTS

Include the following required support documents with your certification application for the applicant and all affiliates (listed in Section 5 above). Your certification application cannot be processed without the required support documents. Based upon your submitted information, it may be necessary for your firm to submit additional support documents to determine your certification eligibility.

A. PROOF OF ANNUAL RECEIPTS

A copy of the ENTIRE federal tax returns covering the three (3) most recently completed tax years. The submitted tax returns must include ALL schedules, forms, and support statements, as required by and filed with the IRS. Tax returns under any previous ownership type(s) within the same current 3-year period must also be submitted. Please ensure all submitted returns cover a full 36-month period.

B. PROOF OF EMPLOYEES - If you checked "Yes" in Sections 4 and/or 5 above, you must provide the following:  
A copy of the state "Quarterly Wage and Withholding Report" (Form DE6), or other format accepted by the California Employment Development Department (EDD), covering the four (4) most recently completed quarters. For out-of-state employees, submit that state's equivalent to the EDD's "Quarterly Wage and Witholding Report."

C. CORPORATIONS

A copy of your most recent "Statement By Domestic (or Foreign) Stock Corporation" as filed with the California Secretary of State. DO NOT SEND the Statement with only the "No change in information" box checked. The information listed on the Statement must support the officer/director information listed in application Section 2C.

D. LIMITED LIABILITY PARTNERSHIPS

A copy of your original and any amended Limited Liability Partnership Registration (LLP-1) forms as filed with the California Secretary of State.

E. LIMITED LIABILITY COMPANIES - A copy of the following documents as filed with the California Secretary of State:

- Your original and any amended Articles of Organization.
- Most recent Statement of Information. DO NOT SEND the Statement with only the "No change in information" box checked.
- Operating Agreement.

F. JOINT VENTURES

- Each joint venture application is certified on a bid-by-bid basis.
- Each co-venturer must be small business-certified.
- Submit a copy of the joint venture agreement.

G. FRANCHISES

- A copy of your franchise agreement.

H. AGENTS/BROKERS

- A copy of ALL agent/broker agreements.

8. SIGNATURE

Any person that willfully provides false information is subject to serious penalties. The signatory of this document must be the applicant firm's owner (or officer, in the case of a corporation) and hereby certifies that he/she has read and understands that the applicant meets the Small Business Certification requirements under the California Code of Regulations, Title 2, Section 1896 et seq., and that the foregoing statement and all information provided herein are truthful and accurate. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Owner / Officer's Original Signature	Date
	

SERVICE AREAS

Classification within a specific business region is not a certification requirement. However, to help potential business partners and contracting officials find your firm in our Internet Certified Firm Listing, include your service area(s) in your small business certification profile. You may detach and mail this portion later to: Office of Small Business and DVBE Certification, P.O. Box 989052, West Sacramento, CA 95798-9052.

Business Name	Address	City	State	Zip Code
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Circle ☐ the service area number(s) where your firm is able to do business. To view a map of the areas below, visit our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call (800) 559-5529.

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Statewide
- 1

Del Norte, Humboldt, Mendocino, Lake
- 2

Siskiyou, Modoc, Shasta, Trinity, Lassen, Tehama, Plumas
- 3

Sierra, Butte, Glenn, Colusa, Sutter, Nevada, Placer, Yuba, El Dorado, Sacramento, Yolo
- 4

Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, San Francisco, Santa Clara, San Mateo
- 5

Santa Cruz, San Benito, Monterey, Santa Barbara, San Luis Obispo
- 6

Madera, Fresno, Kings, Tulare, Kern
- 7

Ventura, Los Angeles
- 8

San Bernardino, Riverside
- 9

Mono, Inyo
- 10

Merced, Mariposa, Alpine, Stanislaus, Tuolumne, Calaveras, Amador, San Joaquin
- 11

San Diego, Imperial
- 12

Orange